

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

the specification of which (check only one item below):

☐ is attached hereto.

☐ was filed as United States application

Serial No

on

and was amended

on

☒ was filed as PCT international application

Number PCT/IB2004/052668

on 06 December 2004

and was amended under PCT Article 19

on (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, § 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, § 119 of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed:

PRIOR FOREIGN/PCT APPLICATION(S) AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:

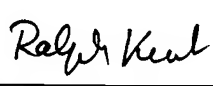
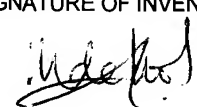
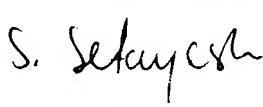
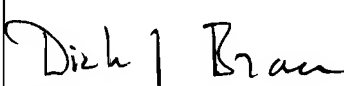
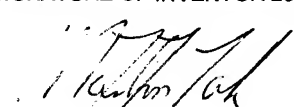
COUNTRY	APPLICATION NUMBER	DATE OF FILING DAY, MONTH, YEAR	PRIORITY CLAIMED UNDER 35 USC 119
Europe	03104615.4	10 December 2003	YES

Combined Declaration For Patent Application and Power of Attorney (Continued) (includes Reference to PCT International Applications)				Attorneys Docket Number <b>PHNL031425 US</b>
POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (List name and registration number)				
Jack E. Haken, Reg. No. 26,902 Michael E. Marion, Reg. No. 32,266 Edward M. Blocker, Reg. No. 30,245				Direct Telephone Calls to: (name and telephone number) (914)332-0222

201	FULL NAME OF INVENTOR	FAMILY NAME <b>KURT</b>	FIRST GIVEN NAME <b>Ralph</b>	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY <b>Eindhoven</b>	STATE OF FOREIGN COUNTRY <b>The Netherlands</b>	COUNTRY OF CITIZENSHIP <b>Germany</b>
	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>Prof. Holstlaan 6</b>	CITY <b>5656 AA Eindhoven</b>	STATE & ZIP CODE/COUNTRY <b>The Netherlands</b>
202	FULL NAME OF INVENTOR	FAMILY NAME <b>DE KOK-VAN BREEMEN</b>	FIRST GIVEN NAME <b>Margaretha</b>	SECOND GIVEN NAME <b>Maria</b>
	RESIDENCE & CITIZENSHIP	CITY <b>Eindhoven</b>	STATE OR FOREIGN COUNTRY <b>The Netherlands</b>	COUNTRY OF CITIZENSHIP <b>The Netherlands</b>
	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>Prof. Holstlaan 6</b>	CITY <b>5656 AA Eindhoven</b>	STATE & ZIP CODE/COUNTRY <b>The Netherlands</b>
203	FULL NAME OF INVENTOR	FAMILY NAME <b>BECHTEL</b>	FIRST GIVEN NAME <b>Hans-Helmut</b>	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY <b>Roetgen</b>	STATE OR FOREIGN COUNTRY <b>Germany</b>	COUNTRY OF CITIZENSHIP <b>Germany</b>
	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>Offermannstr. 30</b>	CITY <b>D-52159 Roetgen</b>	STATE & ZIP CODE/COUNTRY <b>Germany</b>
204	FULL NAME OF INVENTOR	FAMILY NAME <b>SETAYES</b>	FIRST GIVEN NAME <b>Sepas</b>	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY <b>Eindhoven</b>	STATE OR FOREIGN COUNTRY <b>The Netherlands</b>	COUNTRY OF CITIZENSHIP <b>Iran</b>
	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>Prof. Holstlaan 6</b>	CITY <b>5656 AA Eindhoven</b>	STATE & ZIP CODE/COUNTRY <b>The Netherlands</b>
205	FULL NAME OF INVENTOR	FAMILY NAME <b>BROER</b>	FIRST GIVEN NAME <b>Dirk</b>	SECOND GIVEN NAME <b>Jan</b>
	RESIDENCE & CITIZENSHIP	CITY <b>Eindhoven</b>	STATE OR FOREIGN COUNTRY <b>The Netherlands</b>	COUNTRY OF CITIZENSHIP <b>The Netherlands</b>
	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>Prof. Holstlaan 6</b>	CITY <b>5656 AA Eindhoven</b>	STATE & ZIP CODE/COUNTRY <b>The Netherlands</b>
206	FULL NAME OF INVENTOR	FAMILY NAME <b>JAK</b>	FIRST GIVEN NAME <b>Martin</b>	SECOND GIVEN NAME <b>Jacobus Johan</b>
	RESIDENCE & CITIZENSHIP	CITY <b>Eindhoven</b>	STATE OR FOREIGN COUNTRY <b>The Netherlands</b>	COUNTRY OF CITIZENSHIP <b>The Netherlands</b>
	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>Prof. Holstlaan 6</b>	CITY <b>5656 AA Eindhoven</b>	STATE & ZIP CODE/COUNTRY <b>The Netherlands</b>

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 if Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.


SIGNATURE OF INVENTOR 201  	SIGNATURE OF INVENTOR 202  	SIGNATURE OF INVENTOR 203  
DATE 07 July 2005	DATE 07 July 2005	DATE
SIGNATURE OF INVENTOR 204  	SIGNATURE OF INVENTOR 205  	SIGNATURE OF INVENTOR 206  
DATE 07 July 2005	DATE 07 July 2005	DATE 07 July 2005

Combined Declaration For Patent Application and Power of Attorney (Continued) (includes Reference to PCT International Applications)				Attorneys Docket Number <b>PHNL031425 US</b>
POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (List name and registration number)				
Jack E. Haken, Reg. No. 26,902 Michael E. Marion, Reg. No. 32,266 Edward M. Blocker, Reg. No. 30,245				Direct Telephone Calls to: (name and telephone number) (914)332-0222

	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
201	RESIDENCE & CITIZENSHIP	CITY <b>Eindhoven</b>	STATE OF FOREIGN COUNTRY <b>The Netherlands</b>	COUNTRY OF CITIZENSHIP <b>Germany</b>
	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>Prof. Holstlaan 6</b>	CITY <b>5656 AA Eindhoven</b>	STATE & ZIP CODE/COUNTRY <b>The Netherlands</b>
202	FULL NAME OF INVENTOR	FAMILY NAME <b>DE KOK-VAN BREEMEN</b>	FIRST GIVEN NAME <b>Margaretha</b>	SECOND GIVEN NAME <b>Maria</b>
	RESIDENCE & CITIZENSHIP	CITY <b>Eindhoven</b>	STATE OR FOREIGN COUNTRY <b>The Netherlands</b>	COUNTRY OF CITIZENSHIP <b>The Netherlands</b>
	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>Prof. Holstlaan 6</b>	CITY <b>5656 AA Eindhoven</b>	STATE & ZIP CODE/COUNTRY <b>The Netherlands</b>
203	FULL NAME OF INVENTOR	FAMILY NAME <b>BECHTEL</b>	FIRST GIVEN NAME <b>Hans-Helmut</b>	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY <b>Roetgen</b>	STATE OR FOREIGN COUNTRY <b>Germany</b>	COUNTRY OF CITIZENSHIP <b>Germany</b>
	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>Offermannstr. 30</b>	CITY <b>D-52159 Roetgen</b>	STATE & ZIP CODE/COUNTRY <b>Germany</b>
204	FULL NAME OF INVENTOR	FAMILY NAME <b>SETAYES</b>	FIRST GIVEN NAME <b>Sepas</b>	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY <b>Eindhoven</b>	STATE OR FOREIGN COUNTRY <b>The Netherlands</b>	COUNTRY OF CITIZENSHIP <b>Iran</b>
	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>Prof. Holstlaan 6</b>	CITY <b>5656 AA Eindhoven</b>	STATE & ZIP CODE/COUNTRY <b>The Netherlands</b>
205	FULL NAME OF INVENTOR	FAMILY NAME <b>BROER</b>	FIRST GIVEN NAME <b>Dirk</b>	SECOND GIVEN NAME <b>Jan</b>
	RESIDENCE & CITIZENSHIP	CITY <b>Eindhoven</b>	STATE OR FOREIGN COUNTRY <b>The Netherlands</b>	COUNTRY OF CITIZENSHIP <b>The Netherlands</b>
	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>Prof. Holstlaan 6</b>	CITY <b>5656 AA Eindhoven</b>	STATE & ZIP CODE/COUNTRY <b>The Netherlands</b>
206	FULL NAME OF INVENTOR	FAMILY NAME <b>JAK</b>	FIRST GIVEN NAME <b>Martin</b>	SECOND GIVEN NAME <b>Jacobus Johan</b>
	RESIDENCE & CITIZENSHIP	CITY <b>Eindhoven</b>	STATE OR FOREIGN COUNTRY <b>The Netherlands</b>	COUNTRY OF CITIZENSHIP <b>The Netherlands</b>
	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>Prof. Holstlaan 6</b>	CITY <b>5656 AA Eindhoven</b>	STATE & ZIP CODE/COUNTRY <b>The Netherlands</b>

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

SIGNATURE OF INVENTOR 201	SIGNATURE OF INVENTOR 202	SIGNATURE OF INVENTOR 203 
DATE	DATE	DATE <b>08 July 2005</b>
SIGNATURE OF INVENTOR 204	SIGNATURE OF INVENTOR 205	SIGNATURE OF INVENTOR 206
DATE	DATE	DATE